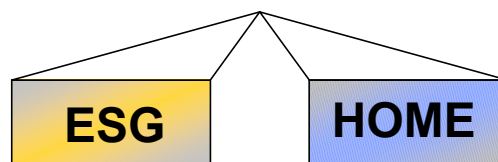




**2005 - 2006**

## **COMBINED FUNDING APPLICATIONS**



## **City of Wichita, Kansas**

# **ESG and Home Combined Funding Application INFORMATION/INSTRUCTIONS**

**July 1, 2005 - June 30, 2006**

### **BACKGROUND**

The United States Department of Housing and Urban Development has issued regulations requiring the City of Wichita to submit a combined application for Community Development Block Grant (CDBG), Home Investment Partnerships Program (HOME) and Emergency Shelter Grant (ESG) funds. To assist in meeting this requirement, a combined funding application is required for agencies that request either Home Investment Partnerships Program (HOME) or Emergency Shelter Grant (ESG) funds.

General application guidelines are listed in this document. Application instructions are listed within this packet labeled: Application Instructions. The enclosed application forms must be submitted with the proposal.

### **FUNDING PERIOD**

Funds requested will not be available until after July 1, 2005. No legal commitments or grant expenditures may occur prior to that date. Any expenses prior to that date are the sole liability of the applicant.

### **FUNDING AMOUNTS**

Estimated funding for applications are as follows:

#### **Home Investment Partnerships (HOME)**

Community Housing Development Organization (CHDO) - \$350,000

Note: All HOME funds must be used in Local Investment Areas for housing activities.

#### **Emergency Shelter Grant (ESG)**

Essential Services	\$19,157	
Homeless Prevention	\$38,314 (Maximum Available)	
Maintenance & Operations/Rehabilitation	\$63,855	
<b>Total amount available</b>		<b>\$121,326</b>

### **PRIORITY NEEDS**

All applications must specifically address at least one HIGH or MEDIUM priority community need listed in Attachment G.

### **DEADLINE FOR FUNDING APPLICATIONS**

**One original and two copies** of the funding applications **must received by the Department of Finance, 12<sup>th</sup> Floor City Hall, 455 N. Main, Wichita, Kansas 67202, no later than 5:00 P.M., Friday, December 17, 2004.** Any application received after that time/date will not be considered for funding. One copy of each application will be forwarded to the Housing Services Department for staff evaluation. One copy of each application will be retained by the Department of Finance for tracking and reporting purposes.

### **WHERE TO OBTAIN APPLICATIONS**

Housing Services Department, 332 North Riverview and the City of Wichita website ([www.wichita.gov](http://www.wichita.gov) under Housing Services/Forms and Documents).

### **ELIGIBLE APPLICANTS**

The types of agencies that may submit a funding application are listed in the following: (Please note eligible applicants for each funding source may be different.)

### **GENERAL ELIGIBILITY CRITERIA**

All Funding Applications must meet one of the eligible activities and benefit criteria (listed for either HOME or ESG) applicable to the funding source requested. Additionally, in deciding whether to submit a Funding Application, applicants shall adhere to the following guidelines established by the City Council in allocating grant funds (guidelines are subject to change):

- (A) Programs must address at least one of the High or Medium priority community needs listed in Attachment G.
- (B) Applicants whose programs/activities do not duplicate existing services will be considered for funding.
- (C) Applicants must demonstrate the capability to undertake and complete the proposed program in a timely manner.

**BASIC HOME ELIGIBLE ACTIVITIES:** Applicants must be a City recognized Community Housing Development Organization (CHDO). A CHDO is a community based service organization that has, or intends to retain, staff with the capacity to develop affordable housing in one of the City's Local Investment Areas (LIA).

A CHDO must be a not-for-profit corporation with a 501(c)(3) or 501(c)(4) IRS tax-exempt ruling. The CHDO or the CHDO's sponsoring entity must have been in service to the community where it will undertake housing development activity for at least one year. Service to the community could be "non-housing". The Secretary of the State of Kansas must have the corporation documentation on file certifying the 501(c)(3) or (c)(4) status and in good standing.

A CHDO must be free of external controls, either from public or for-profit interests. A CHDO must have its own staff and must be capable of engaging in the housing development activity it intends to pursue with HOME funds. In addition, the CHDO's board must reflect to the community that it intends to serve and meet the regulations of the HOME program.

A CHDO acting as developer, sponsor and/or owner of housing, may undertake eligible

activities. Eligible activities include: development and support of affordable rental housing and home ownership affordability through the acquisition (including assistance to first-time home buyers), new construction, reconstruction, or moderate or substantial rehabilitation of non-luxury housing with suitable amenities, including real property acquisition, site improvement, conversion, demolition, and other expenses, including financial costs, relocation expenses of any displaced persons, businesses, or organizations. The housing must be permanent or transitional housing (with leases of no less than one year), and includes permanent housing for disabled homeless persons, and single-room occupancy housing.

Forms of assistance: The City of Wichita may invest HOME funds as equity investments, interest-bearing loans or advances, non-interest-bearing loans or advances, interest subsidies, deferred payment loans, or grants. The City reserves the right to establish the terms of assistance based on the needs of the individual project.

Minimum amount of Assistance: The minimum amount of HOME funds that must be invested in a project is \$1,000 times the number of HOME-assisted units in the project. Home also has maximum rents, minimum years project must be affordable and maximum HOME investment amounts.

Participant Eligibility: Each HOME funded activity requires information on family size and income that participants are low or moderate income. Participants must not exceed the low and moderate-income levels listed below:

#### **2004 HUD INCOME LIMITS**

<u>Family Size</u>	<u>30% of Median</u>	<u>Low Income (0-50%)</u>	<u>Moderate Income (51-80%)</u>
1	\$12,400	\$20,650	\$33,050
2	\$14,150	\$23,600	\$37,750
3	\$15,950	\$26,550	\$42,500
4	\$17,700	\$29,500	\$47,200
5	\$19,100	\$31,850	\$51,000
6	\$20,550	\$34,200	\$54,750
7	\$21,950	\$36,600	\$58,550
8	\$23,350	\$38,950	\$62,300

**Note: 2005 HUD Income Limits will not be available until Spring 2005.**

**BASIC ESG ELIGIBLE ACTIVITIES:** Agencies eligible to receive ESG funding are public or private non-profit agencies with documentation on file with the Secretary of the State of Kansas certifying the 501(c)(3) or (c)(4) status and in good standing. Eligible activities include:

1. Renovation of Homeless Shelters - Renovation, major rehabilitation or conversion of buildings for use as emergency shelters for the homeless. Emergency shelter is defined as a temporary shelter for the homeless in general or for specific populations of the homeless.
2. Provision of essential services to the homeless including (but not limited to) services concerned with:
3. Operation of Homeless Shelters - Payment of maintenance, operation (no more than 10% of total grant may be used for staffing costs), rent, repair, security, fuels and equipment, insurance, utilities and furnishings.
4. Developing and implementing homeless prevention activities - If grant funds are to be used to assist families that have received eviction notices or notices of termination of utility services, the following conditions must be met:
  - ◆ The inability of the family to make the required payments must be the result of a sudden reduction in income;
  - ◆ The assistance must be necessary to avoid eviction of the family or termination of services to the family;
  - ◆ There must be a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and

The assistance **must not supplant funding** for pre-existing homeless prevention activities from any other sources.

#### **TECHNICAL ASSISTANCE**

Technical assistance meetings will be held **Wednesday, November 10, 2004 from 1:30 p.m. to 3:30 p.m., and Friday, November 19, 2004, from 9:30 a.m. to 11:30 a.m., in the Training Room, 10th Floor, City Hall, 455 N. Main.** Additional information about the program, regulations, development and submittal of applications is available from the Housing Services Department, 332 N. Riverview, Wichita, Kansas 67203 or you may call (316) 462-3700.

City of Wichita, Kansas

**HOME AND ESG  
Combined Funding Application Instructions**

The attached applications are to be used to request 2005/2006 Consolidated Plan funds. **No other application forms or format will be accepted.** If space is inadequate to provide information, a separate sheet may be attached. **All applicable questions/sections must be completed.** Any question/section not filled out will result in the application being considered incomplete and the application will be returned. The City reserves the right to accept or reject any or all applications and to waive informalities when it is in the best interests of the City to do so. **A SEPARATE ESG AND HOME FUNDING APPLICATION SUMMARY AS WELL AS A SEPARATE PROGRAM FUNDING APPLICATION FOR EACH PROGRAM AND FUNDING SOURCE WILL BE REQUIRED.** Contact the Housing Services Department at 462-3700 with any questions. Additional information necessary to complete the application may be submitted as a separate attachment.

**Please be brief and to the point** in completing the application. Avoid flowery language, stick to the facts and use data relevant to the project (National statistics are not appropriate for a local project). **SUBMITTAL OF ONE ORIGINAL AND TWO COPIES OF THE APPLICATION IS REQUIRED. THE DEADLINE FOR SUBMITTAL OF A FUNDING APPLICATION IS 5:00 P.M., FRIDAY, DECEMBER 17, 2004 IN THE DEPARTMENT OF FINANCE, 455 NORTH MAIN, WICHITA, KANSAS 67202.**

**ESG and HOME APPLICATION SUMMARY**

This page lists agency information, a summary of all programs/activities being submitted for funding and the source of matching funds.

**PROGRAM FUNDING APPLICATION(S)**

If you have one program and you are seeking funds from multiple sources (i.e. HOME and ESG) list the program name and funding source(s) on the “**Funding Application Summary**” (first page of the application) and fill out one “**Program Funding Application**” for each source of funding requested.

If you have multiple programs but only one funding source, list all program(s) and total matching funds on the “**Funding Application Summary**” (first page of the application) and fill out one “**Program Funding Application**” for each program.

## **APPLICATION REQUIREMENTS**

Applications must be submitted on the “City of Wichita, Kansas HOME and ESG Funding Application Summary” and “City of Wichita, Kansas HOME and ESG Program Funding Application” forms provided in this packet. Funding applications must describe how the program meets the appropriate benefit criteria for the funding source. The Funding Application must state goals, objectives and projected results in measurable, quantifiable terms and include outcome measures. Funding Applications shall include a timetable and identification of the priority need(s) to be addressed.

## **FORMS THAT MUST BE SUBMITTED**

1. Funding Application Summary
  2. Program Funding Application\*
  3. Attachment A – Total Program Proposed Budget for 2005/2006\*
  4. Attachment B – City Grant Budget Explanation\* (See Application Instructions sample)
  5. Attachment C - Total Program Budget - All Sources\* (See Application Instructions Sample)
  6. Attachment D - Program Beneficiaries & Unit Cost\*
  7. Attachment E - Schedule of Agency Positions and Salaries
  8. Attachment F-3 - Outcome Measurements and Indicators
- \* (One form for each Program)

## **FUNDING APPLICATION SUMMARY INSTRUCTIONS**

**Name of Organization/Agency** - Provide the legal name, address and phone number of the Organization or Agency submitting an application. If the program will be carried out by a different organization, identify that organization also.

**Contact Person(s)** - Provide name(s), address(es) and telephone number(s) of person(s) who can answer questions about the program, the organization, the budget and funding.

**Not-For-Profit** - Indicate whether your Organization or Agency is registered as a not-for-profit corporation with the State of Kansas and designated as a 501 (c)(3) tax-exempt organization by the Internal Revenue Service.

**Years Operating** - Indicate how many years your Organization or Agency has been in existence.

### **Program Table:**

List the name of the program(s) you are requesting funding for and indicate the total dollars being requested from HOME and/or ESG along with the combined total for that project from all funding sources.

**Matching Funds Table:**

List the source and the total amount of matching funds. Also indicate whether the matching funds are Secured, Applied-For or In-Kind.

- A. HOME project proposals should reflect HOME-eligible match as well as other funds to be utilized in financing the project.
- B. Local ESG grant recipients are required to match the ESG funding provided by the City with an equal amount of funds from other sources.

**Certification/Signature** - Provide signature of Board Chairperson or Chief Executive Officer.

**CONSOLIDATED PLAN COMBINED FUNDING APPLICATION INSTRUCTIONS**

(Provide a separate application for each ESG activity that funding is requested, ie: Essential Services, Homeless Prevention, Maintenance & Operations)

**Organization or Agency** - Provide the legal name of the Organization or Agency requesting funding.

**Program Name** - Identify the program by a short name, which can be used for reference.

**Priority Need(s)** - Identify the priority need(s) your program addresses from Attachment G.

**Council District** - Identify the Council District in which the program will be located (See Attachment H).

**Program Description** - Provide a brief description of the program, the targeted population and program purpose.

**Program Goals/Objectives for Proposed Year** - Provide a brief description of anticipated results in measurable terms stating the population to benefit and outcome measures (which demonstrate results, not “body counts”).

**Program Results** - Provide previous year outcomes and measures. Describe what measurements were used to determine program success. (If this is a first year program, state so.)

**Persons/Units of Service/Cost** - Calculate total number of persons to be served or units of service to be provided (count each person served or unit only once). Calculate cost per person/unit served by dividing the total program cost by the number of persons/units served/provided.

**Program Providers** - List other Organizations/Agencies who currently provide similar services or units as provided in the program funds are being requested for. (If none, indicate so.)

**Funding Category** - Check appropriate box.

**HOME - Acquisition** programs/activities include real property acquisition and site



improvements. **Rehabilitation** includes reconstruction, or moderate or substantial rehabilitation of non-luxury housing with suitable amenities. **Conversion** includes demolition, renovation and other expenses, including financial costs, for conversion of properties for affordable rental housing and home ownership affordability. **Home ownership Assistance** includes assistance for first-time homebuyers. **New Construction** includes new construction of single family and multi-family housing.

**ESG - Rehabilitation** includes major rehabilitation or conversion of buildings for use as emergency shelters for the homeless. **Essential Services** includes providing food, clothing, etc. for the homeless. **Maintenance & Operations** includes payment of maintenance, operation (no more than 10% of total grant may be used for staffing costs) rent, repair, security, fuels and equipment, insurance, utilities, and furnishings. **Homeless Prevention** activities include rent and utility assistance (only if the families have received eviction notices or notices of termination of utility services and meet certain conditions).

**Benefit Criteria** - Check the appropriate benefit category. (For more information see Benefit Criteria located in the Information Packet)

**HOME** - Check low/moderate income benefit. Provide documentation/sources used to determine that the project is limited to low/moderate income persons.

**ESG** - Check direct benefit to homeless individuals and families or directly prevents homelessness. Homeless persons are defined as individuals or families who are not detained by law or imprisonment and:

1. Lack fixed, regular and adequate nighttime residence; and,
2. Have a primary nighttime residence that is:
  - (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations.
  - (b) An institution that provides temporary residence for individuals intended to be institutionalized.
  - (c) A public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings.

**Organizational Information** - Provide a list of board members and officers. Note members by race and sex. Specifically describe any Board member's officers or staff member's direct or indirect financial interest in the project, if any. (If none, indicate so). ESG applicants must explain how homeless individuals are allowed participation in the policy making process.

**Methods** - Describe how the objective(s) will be attained, what activities will be undertaken to achieve the objective(s) and provide reasons for choosing the particular activities instead of other means of addressing the objectives. This section details program operation - who will do what and how; who will be served; and how they will be served.

**Timetable** - Describe or list a timetable for initiating and completing the project with key dates and action steps. **Note: No funds can be committed or expended before July 1, 2005.**

**Evaluation** - Specify how outcomes will be measured and how achievement of outcomes are to be determined. Explain what data will be gathered and how it relates to the objectives; identify any test instruments or questionnaires to be used to gather data; describe any evaluation reports to be produced.

**Alternative/Future Funding** - Present a plan to secure alternative funding if grant funds are not provided, so the program can proceed. If the program is to continue after grant funding expires, present a plan to secure financing other than Consolidated Plan grant funds to continue the program. **A promise to seek other funding is not adequate.** Provide written commitments from other agencies and if applicable, identify ways the program can generate revenue.

**Attachment A – Total Program Proposed Budget for 2005/2006** - Provide a separate summary for each program of **all funds** budgeted from the United Way of the Plains, Federal Government, State of Kansas, Sedgwick County, City of Wichita, Other Governments and Other Non-Government Agencies.

**Columns:**

Total - Total funds from each funding source.

Supporting Services:

Administrative - Funds used for general management and support. It does not include funds used in directly providing services.

Fundraising - Funds used to solicit financial support.

Program - Funds used for direct program services (not administration or support)

Capital - Funds directly related to fixed assets such as land, building or equipment.

**Attachment B – City Grant Budget Explanation** - Provide a budget explanation for each line item shown in the Total Program Budget - All Sources for HOME or ESG. Use the form pertaining to the funding source application.

**Attachment C - Total Program Budget - All Sources** - Provide a budget breakdown from all funding sources for each Project (See Sample in Application Instructions).

**Attachment D - Program Beneficiaries & Unit Cost** - Provide detailed information of persons who will benefit or units of service that will be provided by the program.

**Columnar Explanation:**

Column 1 - actual performance for the last completed year (2003/2004)

Column 2 – projected performance for the current year (2004/2005)

Column 3 - actual performance for the current year through October 31, 2004

Column 4 – projected performance for 2005/2006.

**Linear Explanation:**

Line 1 Unduplicated number of persons served during the year. Totals of information in Lines 2-6 should be the same as the Line 1 total.

Lines 7-9 Program Units - Number of program units; Specify the type of unit (hours, people, etc.)

Line 9    Number of individuals attending other presentations, speeches, workshops, etc. when it is not feasible to gather Line 1 statistics. Do Not Duplicate any Line 1 numbers.

Line 10   Direct Cost - Costs specifically attributable to this particular program.

Line 11   Line 10 divided by Line 1.

Line 12   Line 7 divided by Line 1.

Line 13   All costs attributable to this particular program. (Includes direct and indirect costs)

Line 14   Line 13 divided by Line 1

Line 15   Line 13 divided by Line 7

**Attachment E - Schedule of Agency Positions and Salaries** - Provide a list of all current positions by title. Please list each executive position separately. In the Position Title column, use star \* for a vacant position, 1 for a full-time position, .5 for a half-time position, .25 for a quarter-time position, etc. You may group common positions to obtain a full-time equivalent. Annual salaries are to be listed in the amount column. **Please provide the information for last year, the current year, and the projected 2005/2006-year.**

**Attachment F – Summary of Program Outcomes** – Provide the outputs, outcomes, indicators and target(s) your agency projects to meet during the 2005/2006-program year on the form included.

**Attachment G – 2004-2008 Consolidated Plan Priority Needs Table**

**Attachment H – City Council Districts map**

**Attachment I – Neighborhood Revitalization Area/Local Investment Area map**

## **FUNDING APPLICATION CHECKLIST**

### **SUBMIT THIS CHECKLIST WITH YOUR APPLICATION**

- ☐ Funding Application Summary
- ☐ Program Funding Application\* (1 original and 2 copies)
- ☐ Attachment A – Total Program Proposed Budget for 2005/2006\*
- ☐ Attachment B – City Grant Budget Explanation\*
- ☐ Attachment C - Total Program Budget - All Sources\*
- ☐ Attachment D - Program Beneficiaries & Unit Cost\*
- ☐ Attachment E - Schedule of Agency Positions and Salaries
- ☐ Attachment F-3 – Outcome Measurements and Indicators

\* (One set of forms for each Program)

### **SUBMIT THIS CHECKLIST WITH YOUR APPLICATION**

---

Program Title

---

Agency Name

## HOME SUMMARY

City of Wichita, Kansas

2005/2006

### Consolidated Plan Combined Funding Application

(Please print or type)

NAME OF AGENCY:

PROGRAM:

ADDRESS:

PHONE NUMBER:

FAX NUMBER

CONTACT PERSON(S)

Is Your Organization A Registered Not-for-profit?

How Many Years Has Your Agency Been In Existence?

**HOME PROGRAM TABLE:** (One original application and two copies for each project)

(List All City Funding Requested)

	Total Dollars Requested		

**HOME MATCHING FUNDS TABLE:**

(List Total Dollars of Matching Funds)

Funding Source:	Total Dollars Requested		
	Secured	Applied-For	In-Kind

I hereby certify the information provided in this application is true and correct and that no persons who exercise or have exercised any functions or responsibilities with respect to this activity, who are in a position to participate in a decision making process or gain inside information with regard to such activity, may obtain any financial interest or benefit from this assisted activity.

\_\_\_\_\_  
Board Chairperson / Chief Executive Officer

## ESG SUMMARY

City of Wichita, Kansas

2005/2006

### Consolidated Plan Combined Funding Application (Please print or type)

NAME OF AGENCY:

PROGRAM:

ADDRESS:

PHONE NUMBER:

FAX NUMBER

CONTACT PERSON(S)

Is Your Organization A Registered Not-for-profit?

How Many Years Has Your Agency Been In Existence?

#### **ESG PROGRAM TABLE:** (List All Funding Requested for each program)

Total Funds Requested by Category  
(Include one original application and two copies for each program)

Total  
Funding  
Request

Program	Essential Services	Maintenance & Operations	Homeless Prevention	Rehabilitation

#### **ESG MATCHING FUNDS TABLE:**

(List Total Dollars of Matching Funds)

Total Dollars Requested

Funding Source:	Secured	Applied-For	In-Kind

I hereby certify the information provided in this application is true and correct and that no persons who exercise or have exercised any functions or responsibilities with respect to this activity, who are in a position to participate in a decision making process or gain inside information with regard to such activity, may obtain any financial interest or benefit from this assisted activity.

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Board Chairperson / Chief Executive Officer

**2005/2006 HOME and ESG PROGRAM  
CONSOLIDATED PLAN COMBINED FUNDING APPLICATION**

**(Complete one set of Funding Application for each funding activity requested)**

ORGANIZATION/AGENCY:

PROGRAM:

PRIORITY NEED(S):

COUNCIL DISTRICT:

**PROGRAM INFORMATION FOR 2005/2006**

**Program Description**

A) Provide a brief description of the program and target population. Why does the program exist?  
(Please be concise.)

B) Describe how ESG funds for each category requested in this application will be used. Approach each category separately. (Add more pages if needed.)

**Program Goals/Objectives for Proposed Year (ESG only)** – What effect on the client is the program trying to achieve? Define the specific outcome measures the program is trying to achieve. For Emergency Shelter Grants, identify program beneficiaries by estimating the total number of persons to be served by the project during the program year. Note: Outcome measures are benefits or changes for individuals or populations during or after participating in a program or project. What/how is their condition different at the completion of the program? How is this to be measured? (Attachments F & G)

Emergency Shelter for Homeless .....	
Emergency Shelter for Homeless Families .....	
Homeless Prevention: .....	Individuals.....
	Families .....
Essential Services: .....	Individuals.....
	Families .....

**Program Results** – Outcome measurements for previous year(s). What was the effect on the clients or the community? What measurements determine program success?

**Persons/Units of Service/Cost** – (Indicate whether units of service are: People (General), Youth, Elderly, Households (General), Large Households, Small Households, Elderly Households, Businesses, Organizations, Housing Units, Public Facilities, Feet of Public Utilities, Other.)

How many Persons/Units of Service will the Program help or provide?

What is the total Program cost per Person/Unit?

**Program Providers** – Is the Program for which funds are requested presently being provided by any other agency?    Yes        No    If yes, Name Agencies.



**Funding Category** – Check the appropriate funding category that applies to your Program and complete the corresponding Funding Forms pertaining to the agency’s application.

<b><u>HOME</u></b>	<b><u>ESG</u></b>
Acquisition	Rehabilitation
Rehabilitation	Maintenance & Operation
Conversion	Essential Services
New Construction	Homeless Prevention

**Benefit Criteria** – Indicate whether the program will: **(Check One)**

**HOME**

Directly Benefit Very Low/Low Income Persons (Indicate how beneficiaries are to be documented)

**ESG**

Directly Benefit Homeless Persons

Directly Prevent Homelessness

**Organizational Information** – Provide a list of all agency board members, officers or partners and their home address(es). Note board members by race and sex. Specifically describe any Board member’s, officer’s or staff member’s direct or indirect financial interest in the project, if any. If None, indicate so. (Attach organizational chart) Note: ESG applicants must explain how homeless individuals are allowed participation in the policy making process.

**Methods** – Describe how the desired objectives are to be accomplished.

**Timetable** – Describe timetable for initiating and completing the project with key dates and action steps. **Note: No funds can be expended or committed before July 1, 2005.**

**Outcome Measures** – List outcome measures and describe how the outcomes will be measured and evaluated.  
**[Must complete and submit Form F-3]**

**Alternative/Future Funding** – What specific effort/action has your agency taken to obtain alternative funding.  
What is your plan for future funding if the Program is to be continued?

**(SAMPLE)**  
**PROGRAM BUDGET EXPLANATION**  
**JULY 1, 2005 TO JUNE 30, 2006**

**PERSONAL SERVICES**

Salaries

Executive Director – 100% (United Way) - \$2,200 month	\$	26,400
Administrative Assistant – 100% (1/2 United Way, 1/2 SRS) - \$1,700 month	\$	20,400
Counselor – 100% (1/2 United Way, 1/2 SRS) - \$1,500 month	\$	18,000
Secretary – 100% (1/2 United Way, 1/2 SRS) - \$7.00 hr., 40 hrs. weekly	\$	14,560
Intake Clerk – 50% (1/2 United Way, 1/2 SRS) - \$5.50 hr., 20 hrs. weekly	\$	5,720

Employee Benefits

FICA @ 7.65%	\$	6,509
Workman' Compensation – (estimated)	\$	1,500
Unemployment – (estimated)	\$	400
Health – (estimated)	\$	4,800

**CONTRACTUAL SERVICES**

Electricity – (estimated \$200 per month)	\$	2,400
Gas – (level pay - \$25 per month)	\$	300
Water – (estimated \$15 per month)	\$	180
Trash – (\$90 quarterly)	\$	360
Communication:		
2 lines – (@ \$10 each per month)	\$	240
Long Distance – (estimated \$160 per month)	\$	1,920
Access charge/local service – (estimated \$20 per month)	\$	240
Postage (estimated)	\$	1,000
Transportation – (\$.25 x estimated 150 miles per month)	\$	450
Insurance – Fire and Casual (estimated)	\$	500
Professional Services / Audit (estimated)	\$	4,000
Space Rental – (1,000 sq. ft. @ \$7.80 per sq. ft.)	\$	7,800

**COMMODITIES**

Office Supplies – (estimated)	\$	500
Printing – (estimated)	\$	200
Copying – (estimated)	\$	3,000
Equipment Supplies – (fuel, oil, antifreeze, etc.)	\$	300
Non-Capitalized Equipment		
Office Equipment & Furniture (filing cabinet, calculator, hand tools – est.)	\$	360
Other Commodities – (food/medical – estimated)	\$	300

**CAPITAL OUTLAY**

Office Equipment	\$	900
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<b>TOTAL</b>		<b>\$123,239</b>
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## TOTAL PROGRAM PROPOSED BUDGET FOR 2005/2006

PROGRAM NAME \_\_\_\_\_

	Total	Supporting Services		Program	Capital
		Admin.	Fundraisin g		
United Way of the Plains Allocation					
United Way Plains Venture Grant					
SUBTOTAL					
FEES & GRANTS from Government Agencies					
Federal Government					
1.					
2.					
3.					
4.					
State of Kansas					
1.					
2.					
3.					
4.					
Sedgwick County, KS					
1.					
2.					
3.					
4.					
City of Wichita, KS					
1.					
2.					
3.					
4.					
Other Governments					
1.					
2.					
3.					
4.					
Other Non-Government					
1.					
2.					
3.					
4.					
SUBTOTAL GOVERNMENT REVENUE					
TOTAL UNITED WAY/GOVT. REVENUE					
GRAND TOTAL					

HOME  
CITY GRANT BUDGET EXPLANATION  
JULY 1, 2005 TO JUNE 30, 2006

Description	Amount
Personal Services	
Salaries	
Employee Benefits	
Contractual Services	
Commodities	
Capital Outlay	
Total	

**ESG**  
**CITY GRANT BUDGET EXPLANATION**  
**JULY 1, 2005 TO JUNE 30, 2006**

	Essential Service	Maintenance & Operations	Homeless Prevention	Rehabilitation	Total
<b>Personal Services</b>					
<b>Salaries</b>					
<b>Employee Benefits</b>					
<b>Contractual Services</b>					
<b>Commodities</b>					
<b>Capital Outlay</b>					
<b>Total</b>					

**ESG and HOME  
PROGRAM FUNDING APPLICATION**

**TOTAL PROGRAM BUDGET – ALL SOURCES  
JULY 1, 2005 TO JUNE 30, 2006**

Account Classification		HOME	ESG	UNITED WAY	SRS	(Name)	(Name)	TOTAL FUNDING
<b>PERSONAL SERVICES</b>								
	Salaries							
	Employee Benefits							
	<b>TOTAL</b>							
<b>CONTRACTUAL SERVICES</b>								
	Utilities							
	Communications							
	Postage							
	Transportation/Training							
	Insurance							
	Contractors							
	Legal Services							
	Audits							
	Other Professional Services							
	Equipment Rental							
	Equipment Maintenance							
	Building Lease/Rent							
	Building Maintenance							
	Advertising							
	Periodicals							
	Other Contractuals							
	<b>TOTAL</b>							

**HOME and ESG APPLICATION  
BUDGET – ALL SOURCES (Continued)**

Account Classification		HOME	ESG	UNITED WAY	SRS	(Name)	(Name)	TOTAL FUNDING
<b>COMMODITIES</b>								
	Office Supplies							
	Printing & Graphics							
	Photocopying							
	Micro Computing Software							
	Clothing and Towels							
	Chemicals							
	Equipment Parts							
	Construction Materials							
	Equipment Supplies							
	Building Parts							
	Non-Capitalizable Equipment							
	Other Commodities							
	<b>TOTAL</b>							
<b>CAPITAL OUTLAY</b>								
	Land							
	Buildings							
	Improvements Other Than Bldgs							
	Office Furniture							
	Vehicular Equipment							
	Operating Equipment							
	<b>TOTAL</b>							
<b>GRAND TOTALS</b>								



## PROGRAM BENEFICIARIES &amp; UNIT COST

PROGRAM NAME \_\_\_\_\_

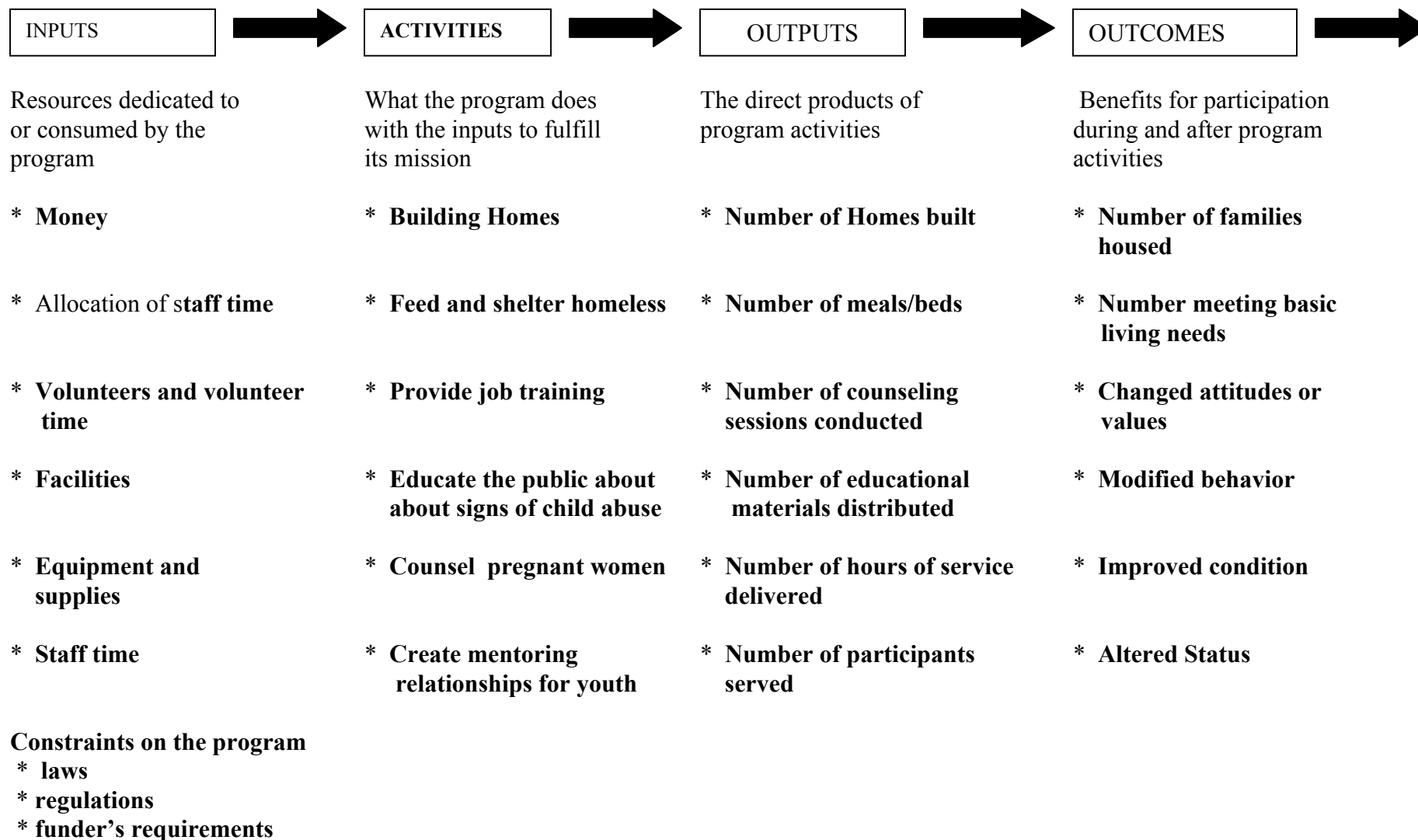
		2003/2004 ACTUAL	2004/2005 PROJECTED	2004/2005 ACTUAL thru 10/31/02	2005/2006 PROJECTED
1.	UNDUPLICATED # of Program Beneficiaries				
2.	AGE GROUP: a. Infants to under 5 b. 5 to 12 c. 13 to 18 d. 19 to 59 e. 60 to 69 f. 70+ g. Not Known				
3.	GENDER: a. Male b. Female c. Not Known				
4.	ETHNIC BACKGROUND: a. White b. Black c. Spanish/Hispanic d. Asian e. American Indian f. Other g. Not Known				
5.	INCOME LEVEL: a. < \$10,000 b. \$10,000 to \$19,999 c. \$20,000 to \$29,999 d. \$30,000 to \$49,999 e. \$50,000 to \$74,999 f. \$75,000 + g. Not Known				
6.	RESIDENCE: a. Sedgwick County b. Other c. Not Known				
7.	(Program Units)*				
8.	(United Way Program				
9.	Units)* (Other....See Instructions)				
UNIT COSTS					
10.	Direct Cost				
11.	Direct Cost per Beneficiary				
12.	Direct Cost per _____				
13.	Total Cost				
14.	Total Cost per Beneficiary				
15.	Total Cost per _____				

\* Specify Program Units (hours, people, etc.)

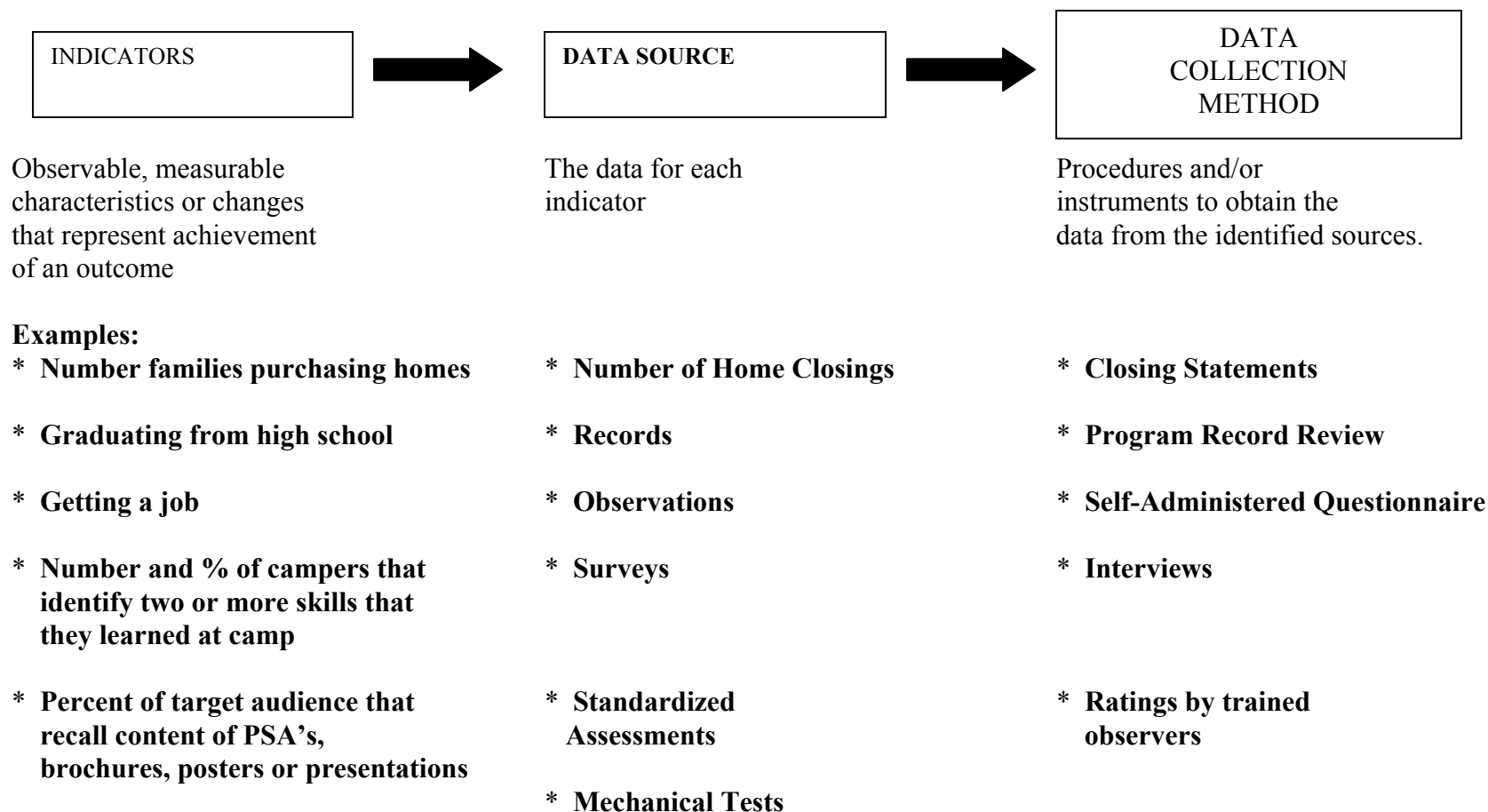
**SCHEDULE OF AGENCY POSITIONS AND SALARIES**

POSITION TITLE: List each position & % FTE. * if vacant; 1 if full time; .50 if ½ time; .25 if 1/4 time; etc.	Current Funding	ACTUAL 2003/2004		PROPOSED 2004/2005		PROPOSED 2005/2006	
		% FTE		% FTE		% FTE	

## “Summary of Program Outcome Model



## Summary of Program Outcome Model (Continued)



**Identify the specific outputs, outcomes, indicators and annual target(s) in the following table:**

Agency:		Total Number of Program Participants	
Program:		Number Completing the program –	
Priority Level:		Number Realizing Program Outcome –	
Percent Realizing Program Outcome -			
Outputs	Outcomes	Indicators	Target

**2004-2008 CONSOLIDATED PLAN PRIORITY NEEDS**

1	ADA compliance/requirements	H
2	Community policing programs	M
3	Expedient and effective EMS service	M
4	Employment opportunity development	M
5	Business expansion/retention	M
6	New business development	M
7	Affordable energy	M
8	Protection of water supply sources	M
9	Electric rates	M
10	Economic base diversification	M
11	Tax stability	M
12	Blighted areas	M
13	Air fare/air service improvements	M
14	Small business development	M
15	Target industries with high wage jobs	M
16	Updated fire service equipment	M
17	School safety programs	M
18	Wichita-Sedgwick County Metropolitan Medical Response System	M
19	Kellogg improvements/completion of freeway	M
20	Conservation of Equus Beds & Arkansas River basin	M
21	Work force development to meet business needs	M
22	Programs to end domestic violence	M
23	Airport security	M
24	Improved technology for public safety	M
25	Home-ownership programs for first-time home-buyers	M
26	School resource officers	M
27	Homeland security readiness	M
28	Fire stations	M
29	Economic development partnerships	M
30	Enhance economic development incentives	M

31	Job/skill training	M
32	Vocational education programs	M
33	Revenue sources	M
34	Abandoned properties	M
35	Stormwater (drainage) improvements	M
36	Transportation services for the elderly	M
37	Ground water contamination clean up	M
38	Correctional facilities	M
39	Industrial development sites/parks	M
40	Youth training/employment	M
41	Water improvements	M
42	Neighborhood Watch	M
43	Housing rehabilitation/removal/replacement	M
44	Development of a municipal solid waste landfill	M
45	Code enforcement activities	M
46	Flood control improvements	M
47	City code modifications as incentive for inner city development	M
48	Best management practices at Cheney Reservoir	M
49	Yard/street clean-up (Neighborhood)	M
50	Tourism development/marketing	M
51	City-wide recycling	M
52	Public health programs	M
53	Neighborhood Patrol programs	M
54	Improve Wichita's image	M
55	Neighborhood appearance and maintenance programs	M
56	Homeless initiatives	M
57	Health stations/clinics	M
58	Youth services/programs	M
59	Solid waste disposal improvements	M
60	Safe, clean and affordable housing for renter households	M
61	Repairs for lower-income owner-occupied units	M
62	Safety and security programs	M
63	Downtown development	M

64	Additional crossings over the Big Ditch	M
65	Pollution prevention programs	M
66	Downtown housing and redevelopment	M
67	Libraries	M
68	Compliance with air emission standards	M
69	Youth recreation	M
70	Inner city development programs	M
71	Housing programs for special populations	M
72	Sewer improvements	M
73	Traffic control	M
74	Family programs	M
75	Water conservation	M
76	Partnership with Neighborhood Associations	M
77	Hazardous material response	M
78	Implementation of the integrated local water supply plan	M
79	Senior centers	M
80	Public transportation	M
81	Homeless assistance programs	M
82	Railroad improvements	M
83	Construction and demolition landfill	M
84	Animal control	M
85	Street improvements	M
86	Consolidated code enforcement	M
87	Traffic safety on arterial streets	M
88	Prohibit domestic water wells in contaminated areas	M
89	Maintenance of parks and infrastructure	M
90	Park and open space improvements	M
91	Improved fire prevention programs	M
92	Neighborhood preservation/conservation activities	M
93	Drug treatment	M
94	Affordable housing public/private partnerships	M
95	Dirt streets	M
96	Community development plans	M



97	Arkansas River initiative	M
98	Street lighting	M
99	Right of way protection for NW and SE expressways	M
100	Neighborhood stabilization programs	M
101	Communications programs	M
102	Neighborhood Revitalization Act implementation	M
103	Mid-Continent terminal	M
104	Historic property rehabilitation programs	M
105	Historic preservation	M
106	Redevelopment of landfill sites	M
107	Neighborhood planning	M
108	Support for community-based housing development corporations	M
109	Stormwater utility funding	M
110	Sidewalk, curb and gutter improvements	M
111	Landfill site reuse	M
112	Wichita's Promise (Youth Services)	M
113	Neighborhood parks	M
114	Incentives for alternative fuels	M
115	Half-way houses	M
116	River corridor improvements	M
117	Reinvestment incentives	M
118	Neighborhood retail and services	M
119	Neighborhood community centers	M
120	Recruit international businesses	M
121	Neighborhood association assistance	M
122	Lighted schools	M
123	Implementation of satellite wastewater treatment plants	M
124	Incentives to promote infill housing	M
125	Recreation programs	M
126	Connection to public water/sewer systems	M
127	Central rail corridor	M
128	Open space preservation	M
129	Bicycle/pedestrian improvements	M

130	Environmental education	M
131	Museum District	M
132	Communication towers	M
133	Neighbor to neighbor programs	M
134	Airport land acquisition for future development	M
135	Redevelopment of contaminated areas (Brownfields)	M
136	Minority business development/loans	M
137	Day care/camp programs	M
138	Pedestrian and biking systems	M
139	Capacity building programs for neighborhood associations	M
140	Repairs for rental housing	M
141	Lead paint prevention programs	M
142	Unpaved streets	M
143	Increase minority contracting	M
144	Historic preservation	M
145	Mixed income housing	M
146	Tree planting and maintenance	M
147	Park development	M
148	Gray water systems for non-potable water	L
149	Community information programs and materials	L
150	Upgrade traffic signal systems	L
151	Old Town and parking	L
152	Northwest bypass project	L
153	Intelligent transportation systems	L
154	One-stop residential development assistance center	L
155	Parking improvements	L
156	One-stop center for businesses wanting to export goods	L
157	Rock Road improvements	L
158	Needs Assessment activities/studies	L
159	Satellite parking at Mid-Continent Airport	L
160	Multi-use event center	L
161	Modernize City maintenance facilities	L
162	Rail passenger service	L

163	Alley improvements	L
164	Landscaping and public art	L
165	Landscaping requirements	L
166	Cultural initiatives	L
167	Tourism master plan	L
168	Expand Expo Hall and Century II	L
169	Para transit service	L
170	Downtown arena for Wichita	L
171	Cultural arts master plan	L
172	International village	L

## ATTACHMENT H

